This document provides a detailed outline of how to respond to Additional Development Requests (ADRs). Each section indicates what is generally requested by the RHHI / MAC when responding to an ADR (every mandatory item for submission will contain a “☑” bullet). Additionally, there is a suggested list of additional documents that may be included to help support eligibility (every optional item for submission will contain a “□” bullet).

Beginning with the Cover Letter, the order that the items appear in below are also the order in which they should be paginated for submission to the RHHI/MAC.

Below are a few general pointers to keep in mind when responding to an ADR:

1. ADRs are always due within 30 days from the date of the notice in order to allow Medicare to move the claim into the medical review status/location by day 45 or it will be denied on the 46th day. **DO NOT** go according to the “due date” as that is 45 days, not 30 days from the request date.

2. Provider signatures on any services provided and ordered must be legible handwritten signatures, initials or electronic signatures (NOTE: Stamped signatures are NOT acceptable)
   a. If the rendering provider signature is not clearly legible, attach a signature log/key that includes the typed name of the provider with credentials, the signature, and the initials for each provider for which the records are requested (see Appendix C for SOP 3.11)

3. Patient identification, date of services and provider of the service should be clearly identified on the submitted documentation

**Appeals have a different timeframe (please see page 4)**
I. **Cover Letter**

A unique cover letter should be submitted for each clinical record package being submitted to the RHII/MAC (see Appendix A for sample cover letter templates for responding to ADRs).

At a minimum, the cover letter should include or address the following:

☑️ Describe the eligibility of the patient (use the LCDs to ensure you hit eligibility criteria)

   If the medical record provides strong evidence of eligibility per the LCDs, you may wish to include a chart such as that listed below that clearly indicates the LDC criteria that you should be mapping the patient’s eligibility to:

<table>
<thead>
<tr>
<th>Criteria from LCD XXXXXX, Part 1</th>
<th>Evidence from Medical Record</th>
<th>Reference (page, section, date, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>· ABC</td>
<td>· ABC</td>
<td>· ABC</td>
</tr>
<tr>
<td>· ABC</td>
<td>· ABC</td>
<td>· ABC</td>
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<tr>
<td>· ABC</td>
<td>· ABC</td>
<td>· ABC</td>
</tr>
</tbody>
</table>

Otherwise, you should use a narrative format in the cover letter. There are two samples provided in Appendix A.

☑️ Provide as much quantifiable data as possible: weight loss, BMI, appetite, KPS, PPS, FAST, from the medical record during the admission timeframe as well as 30 days prior/30 days post the requested review period

☑️ To make it easier for the reviewer to locate the information you’re referencing in the cover letter, make sure to specify the form you’re referencing as well as the date; additionally, you may bracket [   ] information referenced in the medical record of asterisk ** it. No highlighting of the medical record is permitted.

☑️ If patient died immediately after the time period they’re asking for, include that along with a copy of the death certificate / proof of death if death certificate not readily available

☑️ It is also advised that the hospice Medical Director compose and sign the cover letter.

A few additional inputs you may consider including are:

☐ Address any unique issues and/or challenges the Hospice regularly encounters

☐ The Hospice’s service area and challenges it represents, if any (e.g. rural area)

☐ How seriously the Hospice is taking the ADR / TMR issue (e.g., using the QAPI program to implement Hospice-wide changes, if needed, etc.).

**NOTE:** A copy of all information cited in the cover letter should be submitted with the clinical record being submitted
II. **Original ADR Request Letter**
   It is advised that the Hospice place this letter on the top of the documentation it submits to the RHHI / MAC.

III. **Admission and Recertification Documents**
   ✓ Notice of Election signed by the patient or legal representative
   ✓ Physician’s Initial Certification of Terminal Illness (from both the Hospice Physician/Medical Director and the Attending Physician), including evaluations and narrative statements
   ✓ Physician’s Recertifications, including evaluations and narrative statements (if applicable)
   ✓ Recertification assessment(s)

The documents below may also be submitted to the RHHI/MAC if needed to support eligibility
☐ Hospice referral, face sheet and/or other patient-specific demographic information
☐ Medicare Secondary Payer form
☐ Informed Consent (if separate from Notice of Election)

IV. **Medical Record Documentation**
Hospices are encouraged to submit medical record documentation for thirty (30) days prior to the Dates of Service (“DOS”) under review by the RHHI / MAC, the actual DOS under review and the thirty (30) days immediately following the DOS (if applicable). The rationale for this is that it may help create a more comprehensive picture of the patient’s “eligibility” for hospice and justification for continued services.

The hospice should submit the following documents for each of three time periods:
✓ Nursing notes, including but not limited to the initial assessment, reassessments, and all visit notes
✓ Documentation to support any higher levels of care that were provided during the dates of service under review (if applicable)
✓ Physician progress notes
✓ Physician Orders
✓ All interdisciplinary visit / progress notes, including but not limited to: physicians, nurses, social workers, spiritual care counselors, hospice aides, volunteers, bereavement counselors, dietitians, etc.
✓ Copies of any additional documentation necessary to support hospice eligibility spanning the dates immediately before and/or after the DOS under review (if applicable)

*NOTE: If additional information was quoted in a cover letter, copies of all quoted documentation should be submitted with the clinical record being submitted*
Guide for Responding to ADRs

☑ Revocation / Transfer / Discharge documentation (if applicable)

☑ Discharge summaries (if applicable) – NOTE: If the patient expired, the death certificate and related information should be on the top of the documentation being submitted to the RHHI / MAC

☑ All other documents requested by the RHHI / MAC (check the request form carefully to ensure that all requested documents are being submitted to the RHHI / MAC)

The documents below may also be submitted to the RHHI/MAC if needed to support eligibility
- Plan of Care and POC Updates
- Pertinent facility or hospital documentation (if applicable)
- Drug Profile, Review, and Updates

V. Appeals Process
When submitting an appeal, the following guidelines should be followed:
- Appeal should be submitted as soon as possible following a denial
  - Although there is a 120 day window, the latest a response should be submitted is 110 days following the denial but preferably as soon as possible following the denial

The following documents should be included as part of the appeal in chronological order:
- Redetermination Form – First Level of Appeal should be included (https://www.medicarenhic.com/pa/parta_forms.shtml)
- Cover Letter – the cover letter for the appeal should have an introductory paragraph clearly stating that this is a request for redetermination (see Appendix B)
- Denial Letter – the denial letter should be included, followed by any additional documentation from the patient’s medical record that helps substantiate the appeal
- Original ADR request
- Additional medical record documentation not previously included followed by
- Original EMR documents (in case a new reviewer is reviewing the case)

VI. Preliminary Review
The service office should submit a copy of the ADR being submitted to the Hospice Services (HOS) Office at HOSoffice@bayada.com.

VII. Delivery Method
When submitting the clinical records to the RHHI / MAC, the Hospice can either ship to the MAC using USPS or scan/upload electronically. If the record is being mailed, make sure to only include one (1) patient record at a time and use a shipping method that allows for tracking and a return receipt. USPS will deliver to post office boxes whereas other carriers such as UPS will not. If using USPS, make sure to send via certified mail along with delivery confirmation. Make sure to obtain copies of:
- Receipt for proof of delivery
- Postal tracking number
- Communicate the date the ADR was sent along with the tracking number to HOSoffice@bayada.com
APPENDIX A: COVER LETTER FOR INITIAL ADR RESPONSE (print on BAYADA Hospice Letterhead)

Date

Government agency
Address
City, State Zip

Regarding (ADR) for Hospice Patient:
Johnny Jones
HIC# xxxxx0000A
Requested Dates of Service: 12/1/11-12/31/11

Clinical Summary:
Johnny Jones, an 82 year old gentleman with a hospice diagnosis of End Stage Dementia was admitted to Hospice Care of South Carolina on August 2, 2011. Mr. Jones’ Attending Physician and our Hospice Medical Director certified his eligibility for hospice. This gentleman’s comorbidities included Diabetes, Coronary Artery Disease and Renal Insufficiency. His past history included a hip replacement in 2006.

At the time of admission in August, Mr. Jones met criteria for hospice services as he was a FAST 7B and had just been discharged from the hospital where he was treated for Pneumonia with antibiotics. His family had made the decision to seek Palliative Care versus aggressive treatment for conditions related to his End Stage Dementia.

30 days before requested Documentation period (November, 2011):
In November, Mr. Jones was recertified into his second 90 day benefit due to:
• (11/13/11) Documented weight loss from the time of admission from 165# to 156# in that 3 month time frame
• (11/13/11) FAST declined to a 7D
• (11/13/11) Sleeping 15 hours per day

Requested Documentation Period (December, 2011):
In December, Mr. Jones continued to meet eligibility as demonstrated by the following:
• (12/1/11) Ativan from PRN to every 6 hours around the clock due to uncontrolled agitation in November
• (12/5/11) Decline to FAST 7E
• (12/5/11) Sleeping increased to 18 hours per day
• (12/15/11) Additional 4 pound weight loss

30 days after requested Documentation period (January, 2012):
In January, Mr. Jones continued to meet eligibility as demonstrated by the following:
• (1/1/12) Sleeping 18 hours per day with newly formed pressure ulcers
• (1/9/12) Additional 2 pound weight loss

Mr. Jones has clearly shown continuing decline and eligibility as per the LCD for End Stage Dementia. Thank you for your consideration.

Sincerely,

Medical Director Name, Certified in Hospice and Palliative Care
BAYADA Hospice Medical Director
APPENDIX B: COVER LETTER FOR APPEALS (print on BAYADA Hospice Letterhead)

Date

Government agency
Address
City, State Zip

Regarding (ADR) for Hospice Patient:
Johnny Jones
HIC# xxxxxx0000A
Requested Dates of Service: 12/1/11-12/31/11

BAYADA Hospice respectfully requests a redetermination of the above-referenced ADR for hospice patient John Doe. We believe that the additional documentation provides ample evidence that the patient met hospice eligibility requirements during the period under review mm/dd/yyyy -mm/dd/yyyy.

Clinical Summary:
Johnny Jones, an 82 year old gentleman with a hospice diagnosis of End Stage Dementia was admitted to Hospice Care of South Carolina on August 2, 2011. Mr. Jones’ Attending Physician and our Hospice Medical Director certified his eligibility for hospice. This gentleman’s comorbidities included Diabetes, Coronary Artery Disease and Renal Insufficiency. His past history included a hip replacement in 2006.

At the time of admission in August, Mr. Jones met criteria for hospice services as he was a FAST 7B and had just been discharged from the hospital where he was treated for Pneumonia with antibiotics. His family had made the decision to seek Palliative Care versus aggressive treatment for conditions related to his End Stage Dementia.

30 days before requested Documentation period (November, 2011):
In November, Mr. Jones was recertified into his second 90 day benefit due to:
• (11/13/11) Documented weight loss from the time of admission from 165# to 156# in that 3 month time frame
• (11/13/11) FAST declined to a 7D
• (11/13/11) Sleeping 15 hours per day

Requested Documentation Period (December, 2011):
In December, Mr. Jones continued to meet eligibility as demonstrated by the following:
• (12/1/11) Ativan from PRN to every 6 hours around the clock due to uncontrolled agitation in November
• (12/5/11) Decline to FAST 7E
• (12/5/11) Sleeping increased to 18 hours per day
• (12/15/11) Additional 4 pound weight loss

30 days after requested Documentation period (January, 2012):
In January, Mr. Jones continued to meet eligibility as demonstrated by the following:
• (1/1/12) Sleeping 18 hours per day with newly formed pressure ulcers
• (1/9/12) Additional 2 pound weight loss

Mr. Jones has clearly shown continuing decline and eligibility as per the LCD for End Stage Dementia. Thank you for your consideration.
Sincerely,

Medical Director Name, Certified in Hospice and Palliative Care
BAYADA Hospice Medical Director
APPENDIX C: SOP 3.11 Hospice Electronic Signature Log Binder Management

This SOP was informed by a process that VTH (#265) follows at their office in order to ensure that they have one centralized repository of all employee/physician signatures and electronic record security attestation (Policy 0-5297 and 0-5294). It has proven very useful when responding to ADRs.

1. PURPOSE
   1.1. This procedure pertains to the authentication of physician and employee handwritten or electronic signatures for documented services.

2. SCOPE
   2.1. This procedure outlines the acceptable format to authenticate the employee and physician handwritten or electronic signatures are in an appropriate and acceptable format.
   2.2. This procedure will assist with the ADR authentication of a document and/or orders, which must be completed and executed for accounts receivable billing.
   2.3. This procedure applies to policy 0-5297 Physician Signature Requirements for Document Authentication.

3. DEFINITION
   3.1. Document Authentication: Documentation of services provided and/or orders for clients must be authenticated by the individual making the entry on the signature log forms.
   3.2. Additional Documentation Request (ADR): When a Fiscal intermediary (also referred to as Medicare contractor(s), cannot make a coverage or coding determination from the information that has been provided on a claim and its attachments, they may ask for additional documentation by issuing an ADR. The Medicare contractor requests records related to the claim(s) being reviewed from the hospice provider in order to verify claim.

4. RESPONSIBILITIES
   4.1. The service office hospice Client Services Manager or designee will gather all signature requirements for documentation authentication to substantiate a physician and/or employee handwritten or electronic signature in client’s medical record.
   4.2. The service office hospice Director ensures that the signature authentication process is compliant.

5. PROCEDURE
   5.1. An Employee Signature Log (Individual) and Electronic Record Security Attestation or Physician Signature Log and Electronic Signature Attestation (referred to in this process as “Signature Log”) is received from each employee and/or physician with documented services in our electronic medical records.
   5.2. The Client Services Manager or designee is responsible for obtaining signature logs for each hospice employee and/or physician and will maintain in a “Signature Log” binder as follows:
      5.2.1. Create a Signature Log binder with tabs: employee or physician; also contractor may be included
      5.2.2. Gather all completed signature logs and file alphabetically by employee or physician type. All Employee Signature Log (Individual) and Electronic Record Security Attestation should be copied from the employee’s file for the Signature Log binder.
   5.3. Upon receipt of an ADR request, the hospice Director will request a copy of the signature logs found in client’s medical record.
APPENDIX D: How to Print Medical Records

Printing Medical Records (including retrieval of the “Entitlement Verification Report” aka Medicare Secondary Payor Questionnaire)

Go to: R2>Clinical Input>Right-click on client>select Reports>then select “Print Medical Record”
This pop-up will appear – select the reports that you want to print for your ADR response (NOTE: there are many reports with overlapping information; you will not want to print them all... try starting with the Episode Summary Report, Client Order Report, and the Visit Note Report and see if that contains the information you need). I would also recommend reading through the Coordination Notes for any relevant information that may bolster our case, and if you find any, print those Coordination Notes too.

Note that this is also where you can print the Medicare Secondary Payor information which is called the “Entitlement Verification Report”

Select “View/Print”, or “Save as PDF”
Next, a pop-up will ask you for your desired date range. Remember that you may want to include a longer timeframe than the ADR requests if that additional information helps to demonstrate a relevant trend (i.e., a declining condition).

If you select “View/Print”, the reports are organized into TABS – make sure to click on each tab and print it out individually by clicking on the printer icon – or, go back and click “Print Only” to print all the reports at once.